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| APPLICATION NO.                                          | FILING DATE         | FIRST NAMED INVENTOR  | ATTORNEY DOCKET NO. | CONFIRMATION NO  |  |
|----------------------------------------------------------|---------------------|-----------------------|---------------------|------------------|--|
| 10/697,765                                               | 10/30/2003          | Alessandro De Matteis | 150741.00001        | 8891             |  |
| 25207 7590 10/31/2007<br>POWELL GOLDSTEIN LLP            |                     |                       | EXAMINER            |                  |  |
| ONE ATLANT                                               | ONE ATLANTIC CENTER |                       |                     | ADAMS, GREGORY W |  |
| FOURTEENTH FLOOR 1201 WEST PEA<br>ATLANTA, GA 30309-3488 | PEACHTREE STREET NW | ART UNIT              | PAPER NUMBER        |                  |  |
|                                                          |                     | .3652                 |                     |                  |  |
|                                                          | <i>,</i>            |                       | MAIL DATE           | DELIVERY MODE    |  |
|                                                          |                     |                       | 10/31/2007          | PAPER            |  |

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

|                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Application No.                                                                                                                                                      | Applicant(s)                                                                  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--|--|--|
| Office Action Summary                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10/697,765                                                                                                                                                           | MATTEIS, ALESSANDRO DE                                                        |  |  |  |
|                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Examiner                                                                                                                                                             | Art Unit                                                                      |  |  |  |
|                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Gregory W. Adams                                                                                                                                                     | 3652                                                                          |  |  |  |
| Period fo                                                                                                                                                   | The MAILING DATE of this communication app<br>or Reply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | pears on the cover sheet with the c                                                                                                                                  | orrespondence address                                                         |  |  |  |
| WHIC<br>- Exter<br>after<br>- If NC<br>- Failu<br>Any                                                                                                       | ORTENED STATUTORY PERIOD FOR REPLY CHEVER IS LONGER, FROM THE MAILING DISSISTANCE IN THE MAILING DEPOSIT OF THE MAILING THE | ATE OF THIS COMMUNICATION 36(a). In no event, however, may a reply be tim will apply and will expire SIX (6) MONTHS from a cause the application to become ABANDONEI | 1.  lely filed  the mailing date of this communication.  D (35 U.S.C. § 133). |  |  |  |
| Status                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |                                                                               |  |  |  |
| 1)                                                                                                                                                          | Responsive to communication(s) filed on 20 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | eptember 2007.                                                                                                                                                       | •                                                                             |  |  |  |
|                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | action is non-final.                                                                                                                                                 |                                                                               |  |  |  |
| 3)                                                                                                                                                          | Since this application is in condition for allowance except for formal matters, prosecution as to the merits is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |                                                                               |  |  |  |
|                                                                                                                                                             | closed in accordance with the practice under <i>Ex parte Quayle</i> , 1935 C.D. 11, 453 O.G. 213.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      |                                                                               |  |  |  |
| Dispositi                                                                                                                                                   | on of Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                      |                                                                               |  |  |  |
| 4) 🖂                                                                                                                                                        | Claim(s) <u>1-12</u> is/are pending in the application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                      |                                                                               |  |  |  |
|                                                                                                                                                             | 4a) Of the above claim(s) is/are withdrawn from consideration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |                                                                               |  |  |  |
| 5)                                                                                                                                                          | 5) Claim(s) is/are allowed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                      |                                                                               |  |  |  |
| 6)⊠                                                                                                                                                         | ⊠ Claim(s) <u>1-12</u> is/are rejected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                      |                                                                               |  |  |  |
| 7)                                                                                                                                                          | Claim(s) is/are objected to.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                      |                                                                               |  |  |  |
| 8)                                                                                                                                                          | Claim(s) are subject to restriction and/o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | r election requirement.                                                                                                                                              | :                                                                             |  |  |  |
| Applicati                                                                                                                                                   | on Papers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                      |                                                                               |  |  |  |
| 9)                                                                                                                                                          | The specification is objected to by the Examine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | er.                                                                                                                                                                  |                                                                               |  |  |  |
| 10) The drawing(s) filed on is/are: a) accepted or b) objected to by the Examiner.                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |                                                                               |  |  |  |
| Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |                                                                               |  |  |  |
| Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |                                                                               |  |  |  |
| 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |                                                                               |  |  |  |
| Priority ι                                                                                                                                                  | under 35 U.S.C. § 119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                      |                                                                               |  |  |  |
| 12)⊠ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |                                                                               |  |  |  |
| a)⊠ All b)□ Some * c)□ None of:                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |                                                                               |  |  |  |
|                                                                                                                                                             | 1. Certified copies of the priority documents have been received.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      |                                                                               |  |  |  |
|                                                                                                                                                             | 2. Certified copies of the priority documents have been received in Application No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                      |                                                                               |  |  |  |
|                                                                                                                                                             | 3. Copies of the certified copies of the prior                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rity documents have been receive                                                                                                                                     | d in this National Stage                                                      |  |  |  |
|                                                                                                                                                             | application from the International Bureau                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                      | •                                                                             |  |  |  |
| * 5                                                                                                                                                         | See the attached detailed Office action for a list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of the certified copies not receive                                                                                                                                  | d                                                                             |  |  |  |
|                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |                                                                               |  |  |  |
| gW /                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |                                                                               |  |  |  |
| Attachmen                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , <del>-</del>                                                                                                                                                       |                                                                               |  |  |  |
| 1) Notice of References Cited (PTO-892)  4) Interview Summary (PTO-413)  2) Notice of Draftsperson's Patent Drawing Review (PTO-948)  Paper No(s)/Mail Date |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |                                                                               |  |  |  |
| 3) Infor                                                                                                                                                    | mation Disclosure Statement(s) (PTO/SB/08)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5) D Notice of Informal P                                                                                                                                            |                                                                               |  |  |  |
| Paper No(s)/Mail Date 6) Other:                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |                                                                               |  |  |  |

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#### **DETAILED ACTION**

#### Continued Examination

A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on Sept. 20, 2007 has been entered.

### Claim Rejections - 35 USC § 102

The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless -

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

Claims 1-8 & 10-12 are rejected under 35 U.S.C. 102(b) as being anticipated by Schmidt, V et al. (US 6,322,315) (previously cited)

With respect to claims 1 & 12, Schmidt, V et al. disclose:

- forming of a stack of interfolded sheets 30 piling up on a table 36 located underneath;
- separating (C8/L1-13) two successive interfolded sheets once achieved a
  predetermined height of a forming stack, thus defining a completed stack 30 and
  a forming stack being formed 58 (FIGS. 2-5);

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separating (C7/L140-47) occurring by laterally introducing first 38 and second 40 separators into a stack (indicated generally as 30) being formed from opposite sides with respect to a stack same for separating a stack 30 located underneath and for leaving at least one wing 70 of sheet hanging free between two separators;

- moving away a completed 30 stack of sheets from a table and leaving it on a conveyor belt or an outlet plane 68 (C9/L16-45; FIGS. 6-7);
- moving a sheet stretching board 50, suitable for provisionally supporting (C8/L65-68) a stack and stretching a wing 70, with a portion of wing 70 of sheet
   exceeding a sheet stretching board 50;
- withdrawing (C8/L24-26) first 38 and second 40 separators up to reaching a
  position external to a stack being formed (FIGS. 4-5); and
- moving back a table 10 and withdrawing a sheet stretching board 50, with a portion of wing 70 that remains between a stack 58 and a table 36 (FIG. 11).

With respect to claim 2, Schmidt, V et al. disclose that before moving back a table 36 an element 48 moving from a direction opposite to a sheet stretching board 50 stretches a portion of a wing of sheet exceeding a sheet stretching board 50. FIG. 10.

With respect to claim 3, Schmidt, V et al. disclose a step of making an end fold 72 on a portion of a wing exceeding a sheet stretching board by means of both an element 48 acting from an opposite side to a sheet stretching board and an element 52 moving from a same side of a sheet stretching board, just before a coming back of a table. FIGS. 10-11.

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With respect to claim 4, Schmidt, V et al. disclose an element acting from a same side is a blow of air 52, and an element acting from an opposite side of a sheet stretching board is a second separator 48, a separator moving from a position outer to a stack, after that a sheet stretching board is positioned, to a position below the lower face of said sheet stretching board and in order to make the end fold on the exceeding portion of sheet by said blow of air.

With respect to claim 5, Schmidt, V et al. that where previously to a step of moving away a completed stack on a conveyor belt 68, or in the outlet plane, a blow of air 52 is provided for moving a possible last sheet that has remained in a vertical position bringing it to a horizontal position.

With respect to claim 6, Schmidt, V et al. disclose means 22, 24 for feeding a stack being formed with a stream of interfolded sheets, movable table 36, first 38 and second 40 separators moving laterally into stack, sheet stretching board 50, and means (C8/L8-50) for moving a sheet stretching board under a stack for all a stack width to provisionally support a stack and for stretching a wing for all a stack width with an end portion 70 of a wing eventually exceeding a sheet stretching board 50.

With respect to claims 7-8, Schmidt, V et al. disclose an element 52 comprising a blow of air 52 moving from a direction opposite to said sheet stretching board, with respect to the processed stack.

With respect to claim 10, Schmidt, V et al. disclose that a sheet stretching board 50 slides on a base 47 and an actuator. FIG. 1A.

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With respect to claim 11, Schmidt, V et al. disclose a table 36 is located on a slide 76, guide 38 and actuator 38.

## Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

Claim 9 is rejected under 35 U.S.C. 103(a) as being unpatentable over Schmidt, V et al. in view of De Matteis et al. (US 6,228,014).

With respect to claim 9, Schmidt, V et al. discloses pivoting (C7/L39-45) first 38 and second 40 separators and does not disclose a connecting rod, motor, cam. De Matteis et al. discloses first and second separators on supports 40a, 40b, operatively coupled to a connecting rod 43 operated by a motor (C6/L1-9); a connecting rod 33 rotating by means of a cam 45 improves on the width of the interfolded web and consequently the stack length. C2/L30-40. Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify the apparatus of Schmidt, V et al. to include a connecting rod, motor and cam, as per the teachings of De Matteis et al., to interfold larger webs.

# Response to Arguments

Applicant's arguments with respect to claims 1-12 have been considered but are most in view of the new ground(s) of rejection. However, upon further review the examiner now interprets elements 38, 40 of Schmidt, V et al. as the means by which a

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forming stack 58 is separated from a formed stack 30, i.e. first and second separators. C8/L1-5. See also Applicants Sept. 20, 2007 arguments conceding this point at Page 8, fifth paragraph. Thus, element 50 is a sheet stretching board as disclosed in the figures and shown above. The examiner regrets any inconvenience this reinterpretation may cause.

With respect to a wing exceeding stretching board 50, Schmidt's separators 38, 40 physically can only reach to the middle of a shaft 28. Thus, at the point at which they separate a formed stack from a forming stack the sheet, and wing 70 must be left hanging between two separators at a stack center until a sheet stretching board enters a stacking shaft.

### Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Gregory W. Adams whose telephone number is (571) 272-8101. The examiner can normally be reached on M-Th, 8:30am-5pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Saul Rodriguez can be reached on (571) 272-7097. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

**GWA**